PATENT APPLICATION FEE DETERMINATION RECOR											Application or Docket Number					
	PATENT A	ICA Effe		09/586625												
CLAIMS AS FILED - PART I (Column 1) (Column 2)										SMALL ENTITY TYPE			OR	OTHER THAN OR SMALL ENTITY		
FC	PR	NUMBER FILED				NUMBER EXTRA			RATI	E	FEE	1 1	RATE	FEE		
ВА	SIC FEE								0.		345.00	OR	·	690.00		
то	TAL CLAIMS	73 minus 20				.53			X\$ 9=		OR	X\$18=	954			
IND	EPENDENT CL	minus			3 =	= *			X39=			OR	X78=			
MU	LTIPLE DEPEN	IDENT	CLAIM PRESENT							+130=			1	+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR		11211				
CLAIMS AS AMENDED - PART II										IOIA	\ L		OR	TOTAL	11/244	
	C		lumn 1)				Column 2) (Column 3)			SMALL E		ENTITY OR		OTHER THAN SMALL ENTITY		
AMENDMENT A		REM Al	_AIMS IAINING FTER NDMENT			PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*			Minus	**		=		X\$ 9	=		OR	X\$18=		
	Independent	*	-		Minus	**	*	=	_	X39=	_		OR	X78=		
٧	FIRST PRESE	NTATIO	ON O	F ML	JLTIPLE DEI	PEN	DENT CLAIM							.000		
									L	+130 TO			OR	+260= TOTAL		
									Al	DDIT. F			OR ,	ADDIT. FEE		
	•		umn AIMS				Column 2) HIGHEST	(Column 3)			1	4001			4001	
AMENDMENT B		REM Af	IAININ FTER NDME	₩G			NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*			Minus			=		X\$ 9:	=		OR	X\$18=		
	Independent	*			Minus	**		=		X39=	=		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										=		OR	+260=		
											EE		OR	TOTAL ADDIT. FEE		
			umn			1										
AMENDMENT C		REM	AIMS IAININ TER NDME	IG			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	Ξ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	49		Minus	**	73	=Ø		X\$ 9:	=		OR	X\$18=		
	Independent	*	\perp		Minus	**	<u> </u>	=/5		X39=	_		OR	X78=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										+130			OR	+260=		
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											AL EE			TOTAL ADDIT. FEE		
	The "Highest Num	her Pro	viousl	v Dai	d For" (Total o	Inde	nandant) is the	highest number	r four	d in the	anr	ropriate bo	v in cal	lumn 1		